AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Simcha Gendelman			
Application No. 10/577,610			
Filed:	d: 9-25-20] 06		
Title: prepaid debit card processing			
Attorney Docket No. 4529-97323		Art Unit: 3691	
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:			
	Name		Registration Number
	Sanford T. Colb		26,856
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.			
SIGNATURE of Practitioner of Record			
Signature	ature Grad T. Thele		Date 2-20-2008
Name	Gerald T. Shekleton		Registration No., if applicable 27,466
Telephone	elephone 312-655-1500		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.